

APPLICATION DATA SHEET**10/530024****Application Information****JC17 Rec'd PCT/PTO 01 APR 2005**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?: Paper

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: TUMOR TARGETING AGENTS AND USES
THEREOF

Attorney Docket Number:: 014975-113

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Mathias

Middle Name::

Family Name:: BERGMAN

Name Suffix::

City of Residence:: Östersundom

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Skutholminkaari 16

City of Mailing Address:: Östersundom

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-01100

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Applicant Authority Type::

Inventor

Primary Citizenship Country::

Finland

Status::

Full Capacity

Given Name::

Merja

Middle Name::

Family Name::

AUVINEN

Name Suffix::

City of Residence::

Espoo

State or Province of Residence::

Country of Residence::

Finland

Street of Mailing Address::

Westendin puistotie 10 A

City of Mailing Address::

Espoo

State or Province of Mailing
Address::

Country of Mailing Address::

Finland

Postal or Zip Code of Mailing
Address::

FI-02160

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Finland

Status::

Full Capacity

Given Name::

Hannu

Middle Name::

Family Name::

ELO

Name Suffix::

City of Residence::

Helsinki

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State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Kauppaneuvoksentie 12

City of Mailing Address:: Helsinki

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-00200

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	National Stage of	PCT/FI2003/000726	10/03/03
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Finland	20021762	10/03/02	Yes
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Assignee Information

Assignee Name:: KARYON OY

Street of Mailing Address:: Viikinkaari 4

City of Mailing Address::

Helsinki

State or Province of Mailing
Address::

Country of Mailing Address::

Finland

Postal or Zip Code of Mailing
Address::

FI-00790

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